

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 212
Local Registrar's No. 53

1. PLACE OF BIRTH

County Graham State Arizona
District or Township _____ or Village _____
City Pima No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child

Beth Reynolds

3. Sex of Child

Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

Feb 1-1930

Month Day Year

8

FATHER

Full name

George E. Reynolds

9. Residence

(Usual place of abode) Pima

If non-resident, give place and state.

10. Color or race

white

11. Age at last birthday

36 (Years)

12. Birthplace (city or place)

(State or country)

Pima
Arizona

13. Occupation

Nature of industry

Farmer

14

MOTHER

Full maiden name

Leona Floyd

15. Residence

(Usual place of abode)

Pima

If non-resident, give place and state.

16. Color or race

white

17. Age at last birthday

23 (Years)

18. Birthplace (city or place)

(State or country)

Gaston Rog
La

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

3

(a) Born alive and now living

3

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive

at 6:50 a.m. on the date above stated.

(Born alive or stillborn.)

Signature

Reddyden mo

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

Month, day, year

Address

Filed 3-8 1930

Registrar

292-201-264

L. H. Stratton
Registrar